

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 11/2/11
Amount 19,000.00

I. IDENTIFICATION

25625

Name J&R LaGrange DBA The Richwood, LLC
Address 1012 Richwood Way
City/County/Zip LaGrange (Oldham County) 40031
Telephone number 502-222-3186
Administrator Elisia Gnagie, LNHA
Date facility operation began at current address December 1, 1997
Date facility began operation under current owner December 1, 1997

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>120</u>	<u> </u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

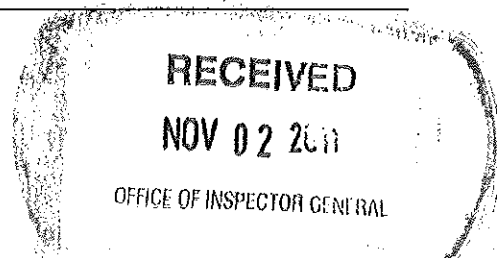
State	Profit X	Individual
County	Nonprofit	Partnership
City		Corporation
Private X		LLC X

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Russell Loudon, 100% sole owner
3147 Custer Drive Suite A Lexington, KY 40517

(OVER)



J.C.

If facility owned or leased by a corporation, complete the following:

Name of corporation Louden & Company

Address of corporation 3147 Custer Drive Suite A, Lexington, KY 40517

President or Chairman Russell Loudon, Chairman, Mark Bowman, President

Vice President Joan Loudon

Secretary Joan Loudon

Treasurer John Rogers

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Elisia L. Magi

Administrator

Oct 20, 2011

Signature of authorized representative

Title

Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)